

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Benjamin B. Kimia, Frederic Fol-Leymarie and Huseyin Tek
Serial No.: Unassigned
For: METHOD AND APPARATUS FOR MULTI-DIMENSIONAL SHAPE
REPRESENTATION VIA SHOCK FLOWS
Filing Date: Herewith
Examiner: Unassigned
Art Unit: Unassigned



UTILITY PATENT APPLICATION TRANSMITTAL

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Date: October 2, 2003

By: Tammy L. Rosado
(Typed or printed name of person mailing
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MAIL STOP: PATENT APPLICATION

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing is a patent application entitled:

**METHOD AND APPARATUS FOR MULTI-DIMENSIONAL SHAPE
REPRESENTATION VIA SHOCK FLOWS**

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Named Inventor(s) / Inventor Address(es) / Inventor Citizenship(s):

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Enclosed is/are:

- [x] Transmittal Letter including fee calculations (this form, 4 pages) (in duplicate), Total Pages: 8;
- [x] Utility Patent Application including 23 Claims (4 Independent, 19 dependent), Total Pages: 39;
- [x] Drawings: [x] Formal, [] Informal (Figs: 1,2,3,4,5,6A,6B,6C,6D,6E,6F,7,8A,8B,9,10,11, 12,13,14A,14B,14C,15,16,17A17B,18,19A,19B,19C), Total Sheets:26;
- [x] Newly Executed Oath/Declaration/Power Of Attorney, Total Pages:6;
- [x] Assignment Papers (Assignment Recordation Cover Sheet 1 page, Copy of Assignment Document 8 pages), Total Pages: 9;
- [x] Return Receipt Pre-paid Postcard (in duplicate), Total Postcards: 2;
- [x] Authorization to Charge Deposit Account No. 50-0901, if Required;
- [x] Check in the amount of: \$950.00, with fee amounts calculated as follows:

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| CLAIMS | Number Filed | Number Extra | Rate | Calculations |
|--|--------------|--------------|---------|-----------------|
| Total Claims | 23-20 = | 3 | 3x \$18 | \$54.00 |
| Independent Claims | 4-3 = | 1 | 1x \$86 | \$86.00 |
| Multiple Independent Claims | | | + 260 = | \$0.00 |
| BASIC FILING FEE = | | | | \$770.00 |
| Total of Above Calculations = | | | | \$910.00 |
| Assignment Recordation Fee = | | | | \$40.00 |
| TOTAL FEE FOR THIS PATENT APPLICATION = | | | | \$950.00 |

Please direct all telephone calls and address all correspondence to:

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If the enclosed fee is insufficient or if there is an overpayment of the enclosed fees, the balance and/or credit may be charged and/or credited to the account of the undersigned, Deposit Account No. 50-0901.

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If the enclosed papers or fees are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (508) 366-9600, in Westborough, Massachusetts.

Respectfully submitted,

By: Christine M. Kuta
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